

MULTIPLE DEPT. CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FEE SCHEDULE XTO-875)

SERIAL NO.

10/571792

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
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TOTAL IND.	2		8		8	
TOTAL DEP.	7	8	8	8	8	8
TOTAL CLAIMS	5					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			8		8	
TOTAL DEP.			8		8	
TOTAL CLAIMS						